OHIO WAR ORPHANS SCHOLARSHIP PROGRAM

CERTIFICATION OF SELECTIVE SERVICE REGISTRATION REQUIREMENTS

Ohio Board of Regents, State Grants and Scholarships, PO Box 182452, Columbus, OH 43218-2452
(614) 466-7420 Toll-Free 1-888-833-1133

I certify that all male students whose names appear on the attached Ohio War Orphans Scholarship Program Payment Roster, except those listed below, have met the provisions of Board of Regents Rule 3333-01-19 regarding selective service registration.

Institution Name: _____ Code # _____

Term: ☐ Summer Term ☐ Fall Quarter/ 1st Semester ☐ Winter Quarter/ 2nd Semester ☐ Spring Quarter

Academic Year: _____ Signature: _____

Date: _____ Title: _____

The following students have not met the provisions of Regents Rule 3333-01-19 regarding selective service registration requirements.

NAME	SOCIAL SECURITY NUMBER